MALE SUICIDE IN THE AMERICAS

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Outline

- Suicide: a major Public Health problem
- Global Perspective
- Male Suicide in the Americas
- Male –impact on suicidal behavior
- Challenges and Obstacles
- Final Thoughts

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Suicide Is A Serious Public Health Problem

- Suicide is one of the leading preventable causes of death for both sexes
- Overrepresentation of females in nonfatal suicidal behavior and preponderance of males in completed suicide.
- Suicidal behavior: suicidal ideation, planning and attempts. Many do not result in death.
- The strongest risk factor for suicide is a previous suicide attempt. But such attempts provide and opportunity to obtain professional help

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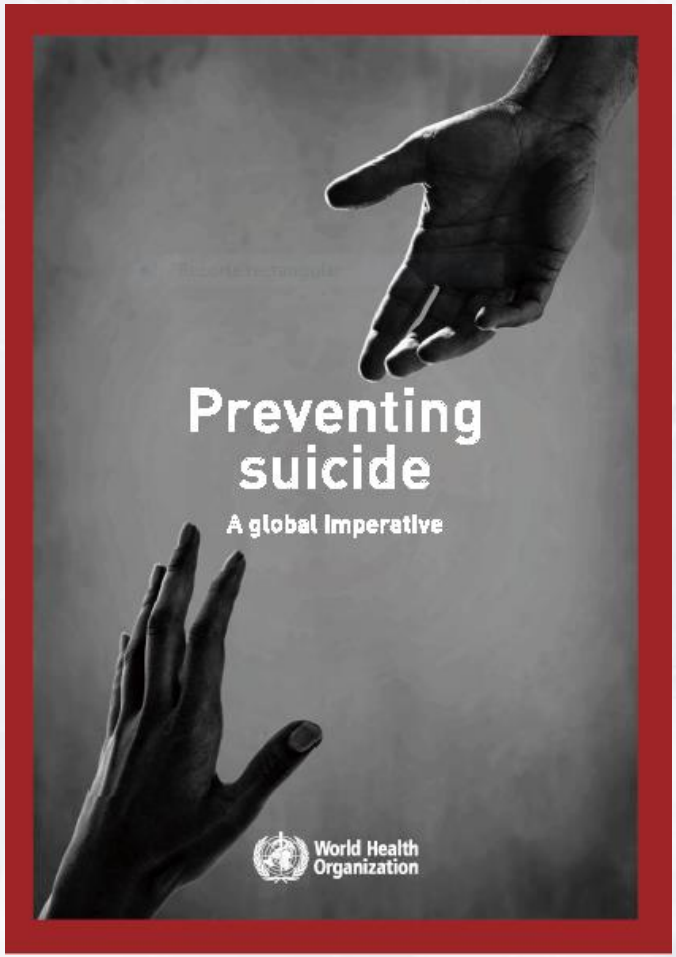
Preventing Suicide A Global Imperative (WHO2014)



This report is the first WHO publication of its kind.

It aims to increase awareness of the public health significance of suicide and suicide attempts, and to make suicide prevention a higher priority on the global public health agenda.

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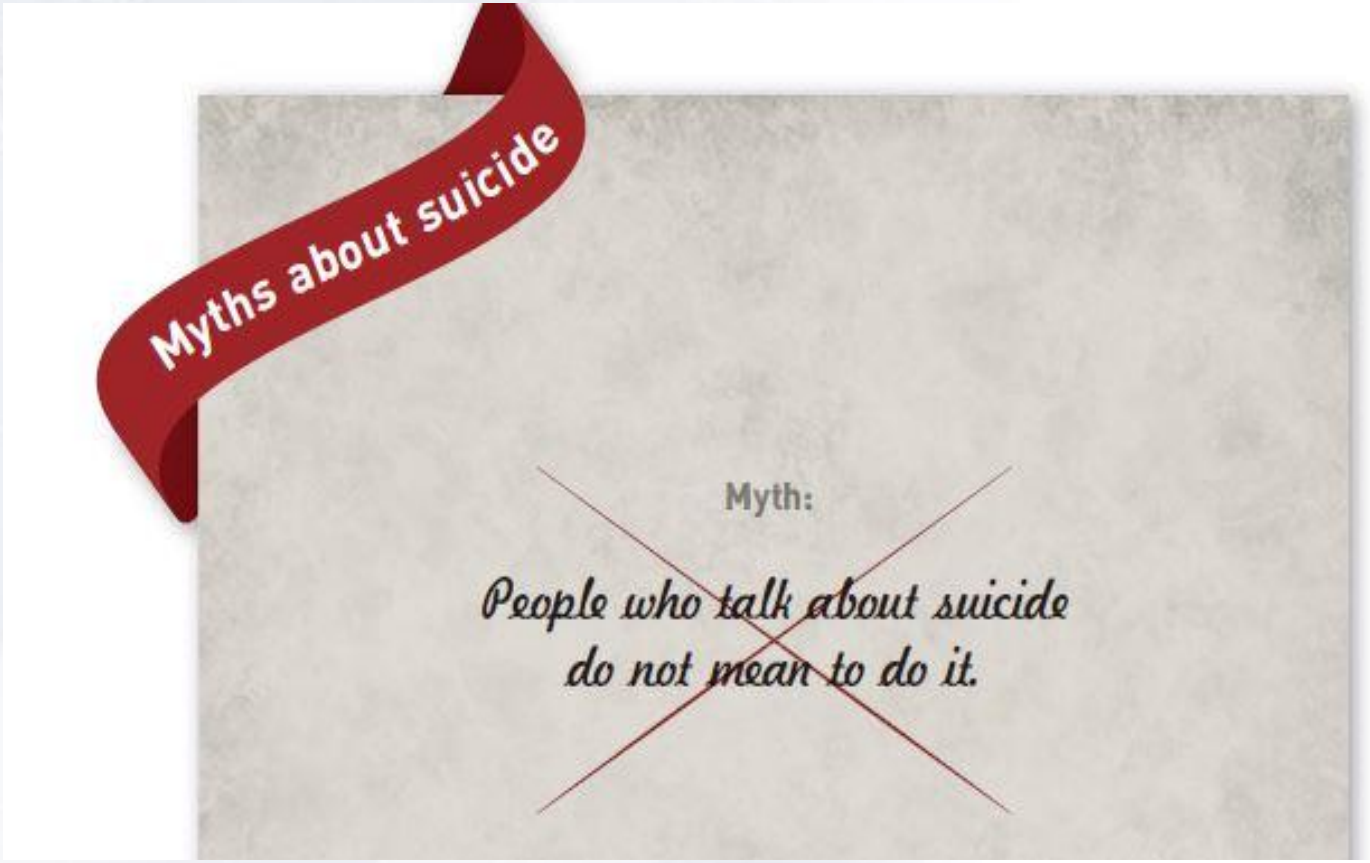

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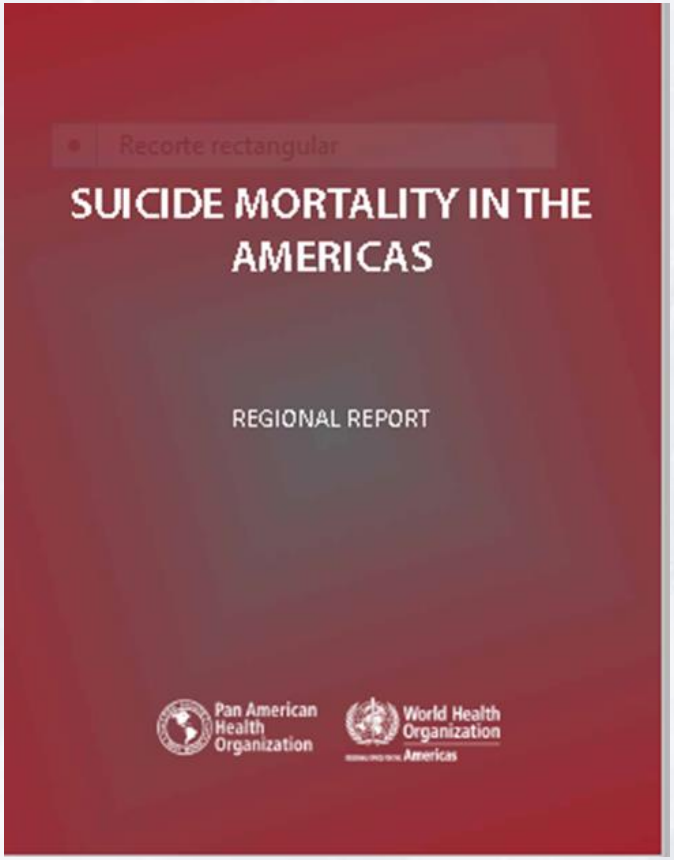
FACT

People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

Suicide Mortality in the Americas Regional Report, PAHO 2014



Data on suicide mortality are based on the number of deaths reported to the Pan American Health Organization by Member States between 1990 and 2009

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Global Perspective (WHO 2014)

- Suicide rates vary by sex. The rank of suicide as a cause of death is higher in males than females.
- Suicide rates are highest among men aged 70 or older in almost every region of the.
- Globally, suicides account for 50 % of all violent deaths in men.
- Only a few countries in the world have included suicide prevention among their health priorities.
- Some countries lack minimal resources to address suicide and suicidal acts are illegal

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Regional perspective (PAHO 2014)

- The majority of suicides in the Americas were reported among persons aged 25–44 (36.8%) and 45–59 (25.6%)
- Suicide is still stigmatized (even illegal) in many countries. The reported deaths from suicide may be underestimated in many countries
- The highest suicide rates were observed in the non-Hispanic Caribbean and North America.
- Of the over 800,000 people who die from suicide in the world each year, some 68,444 are in the Americas.
- It is estimated for each adult who died of suicide there were over 20 others who made suicide attempts.

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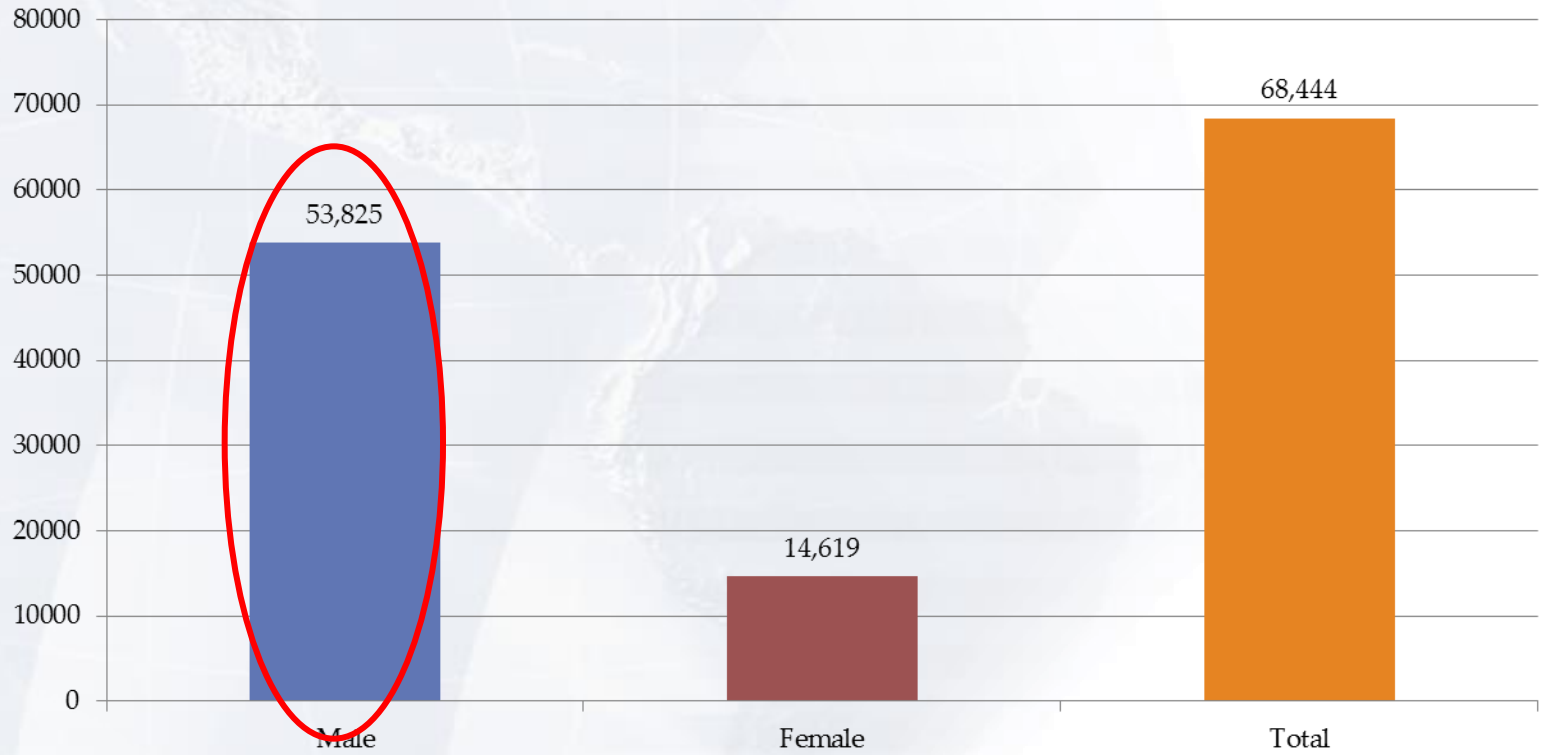
Suicide Rates in the Americas



A significant gender difference in our Region (79% male vs. 21% female)

N= 14

Source: Mental Health Atlas of The Americas, PAHO. 2015

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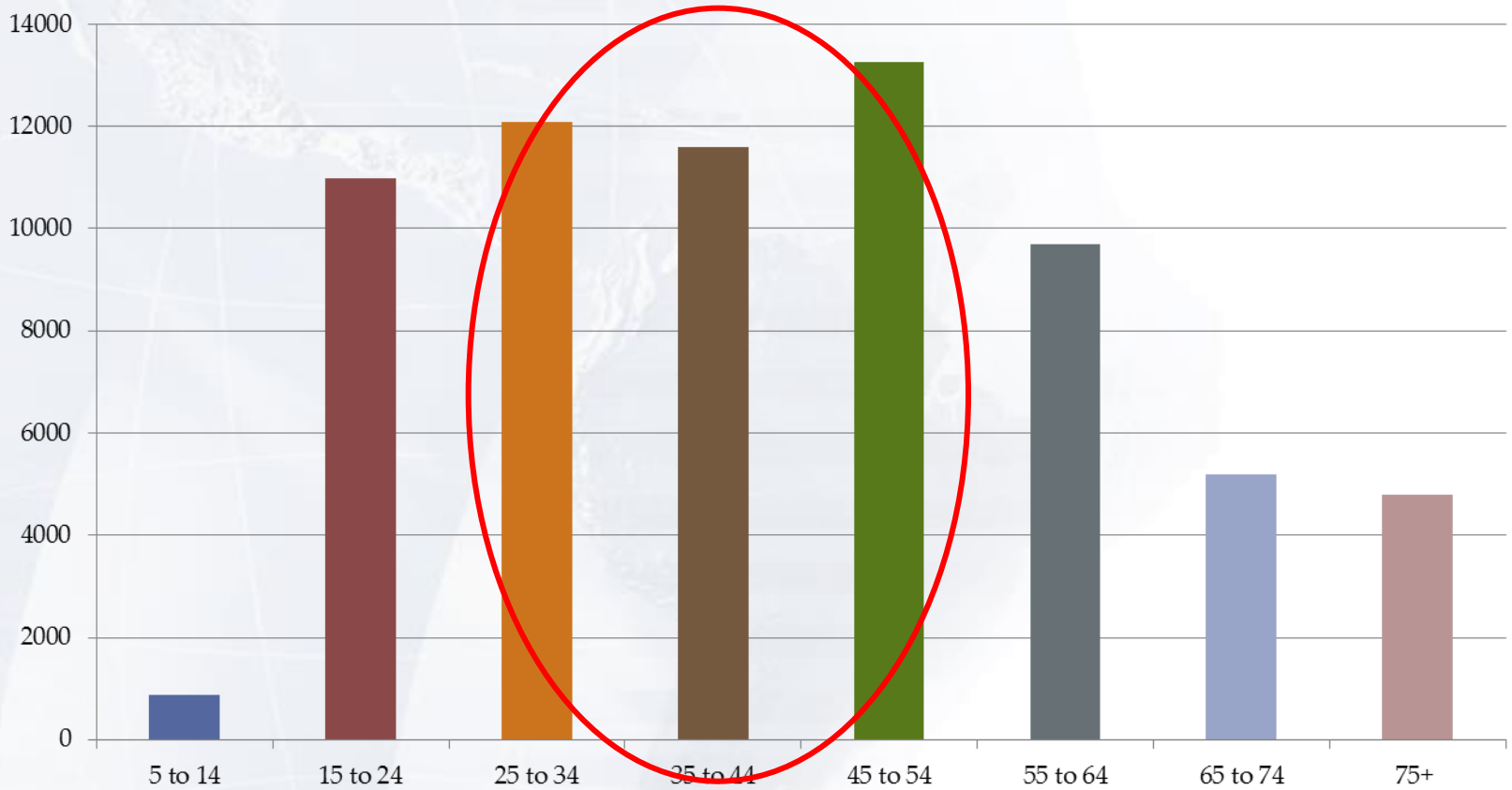
Suicide rates in the Region by Age



Source: Mental Health Atlas of The Americas, PAHO. 2015

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Suicide Rates per 100,000 population, in the Americas and by Sub region, 2005-2009

Region	Unadjusted rates			Age-adjusted rates		
	Total	Male	Female	Total	Male	Female
America	7.62	12.1	3.14	7.26	11.54	3.04
Latin America and the Caribbean	5.20	8.22	2.10	5.23	8.39	2.12
North America	11.43	18.24	4.80	10.07	15.88	4.27
Central America, Hispanic Carib-bean, and Mexico	5.06	8.11	1.97	5.30	8.50	2.02
South America	5.22	8.18	2.13	5.16	8.27	2.13
Non-Hispanic Caribbean	7.36	11.76	3.13	7.37	11.84	3.12

Source: Suicide mortality in the Americas. Regional Report. Washington, DC: PAHO; 2014.

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Male Suicide in the Region

- In the Americas, male suicide rates higher than female rates.
- Male suicide rates account for approximately 79% of all deaths from suicide.
- Males suicide rates were higher in all age groups. In most of the sub regions, the highest suicide mortality was observed in the age group older than 70.
- On average, the age-adjusted male/female ratio was 3.8 in the Region and 4.0 in Latin America and the Caribbean.

Male Suicide rates per 100,000 population, by age in the Americas and by sub regions, 2005–2009

Region and subregions	Age						
	5–9	10–19	20–24	25–44	45–59	60–69	70+
	Males						
Region of the Americas	0.05	5.06	14.82	15.26	18.86	17.83	25.34
Latin America and the Caribbean	0.06	4.30	12.11	11.25	11.64	13.29	18.66
North America	0.03	6.71	20.22	21.94	26.55	22.24	30.75
Central America, Hispanic Caribbean and Mexico	0.02	4.47	12.37	11.48	11.38	12.69	20.08
South America	0.07	4.22	11.95	10.99	11.61	13.48	18.09
Non-Hispanic Caribbean	0.23	4.13	14.50	19.09	17.62	15.60	17.07

Source: Suicide Mortality in the Americas – Regional Report, PAHO. 2014

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Suicide Methods in the Region

In general

- suffocation (39.7%),
- firearms (33.3%), and
- poisoning (18.2%)

However, the suicide method varied by sex.

In males,

- suffocation was the most common method (41.7%)
- followed by firearms, and knives or cutting/piercing

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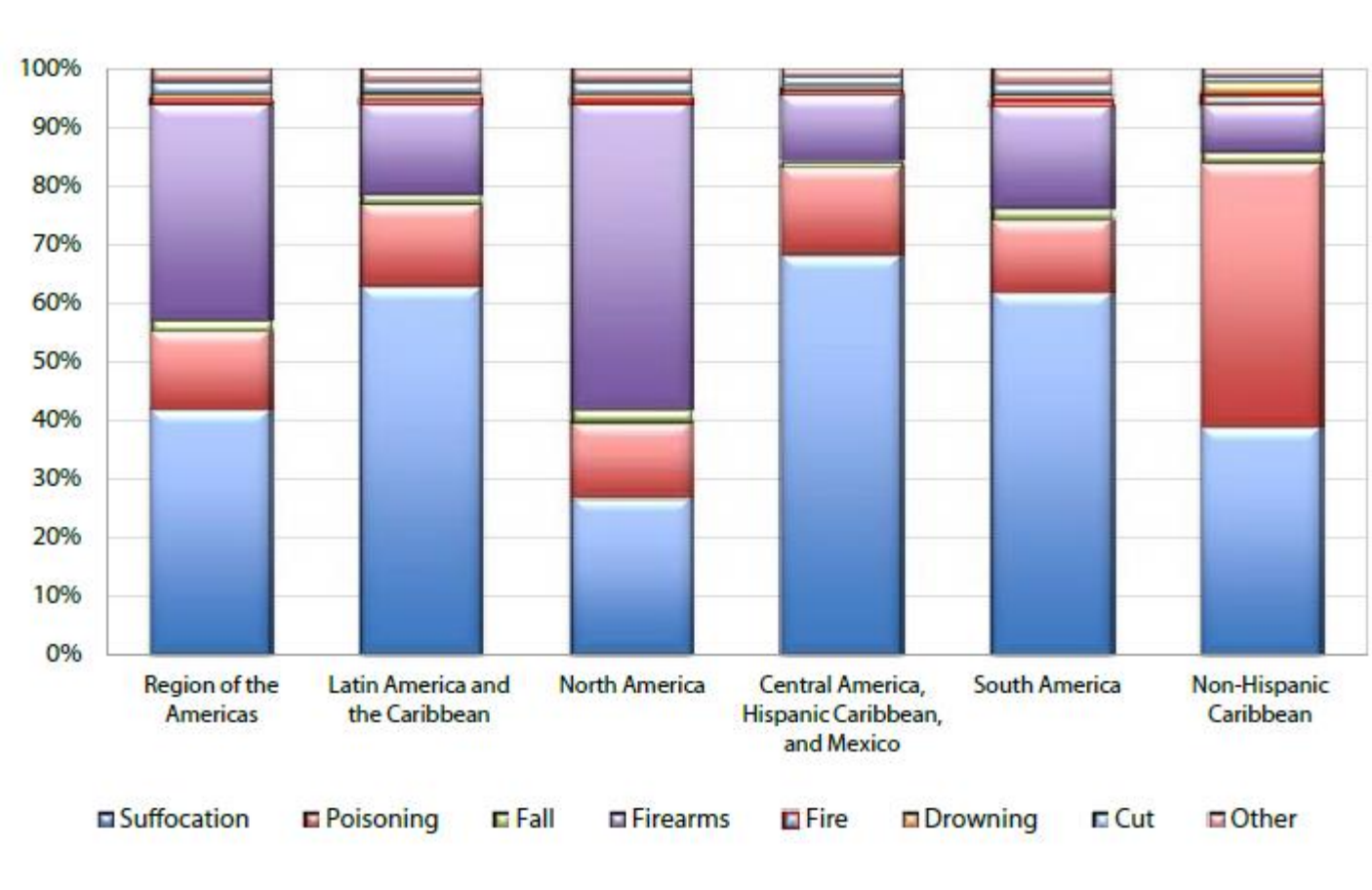
Suicide methods used in the Americas and its sub regions, percentage of total for males, 2005–2009



Source: Suicide Mortality in the Americas – Regional Report, PAHO, 2014

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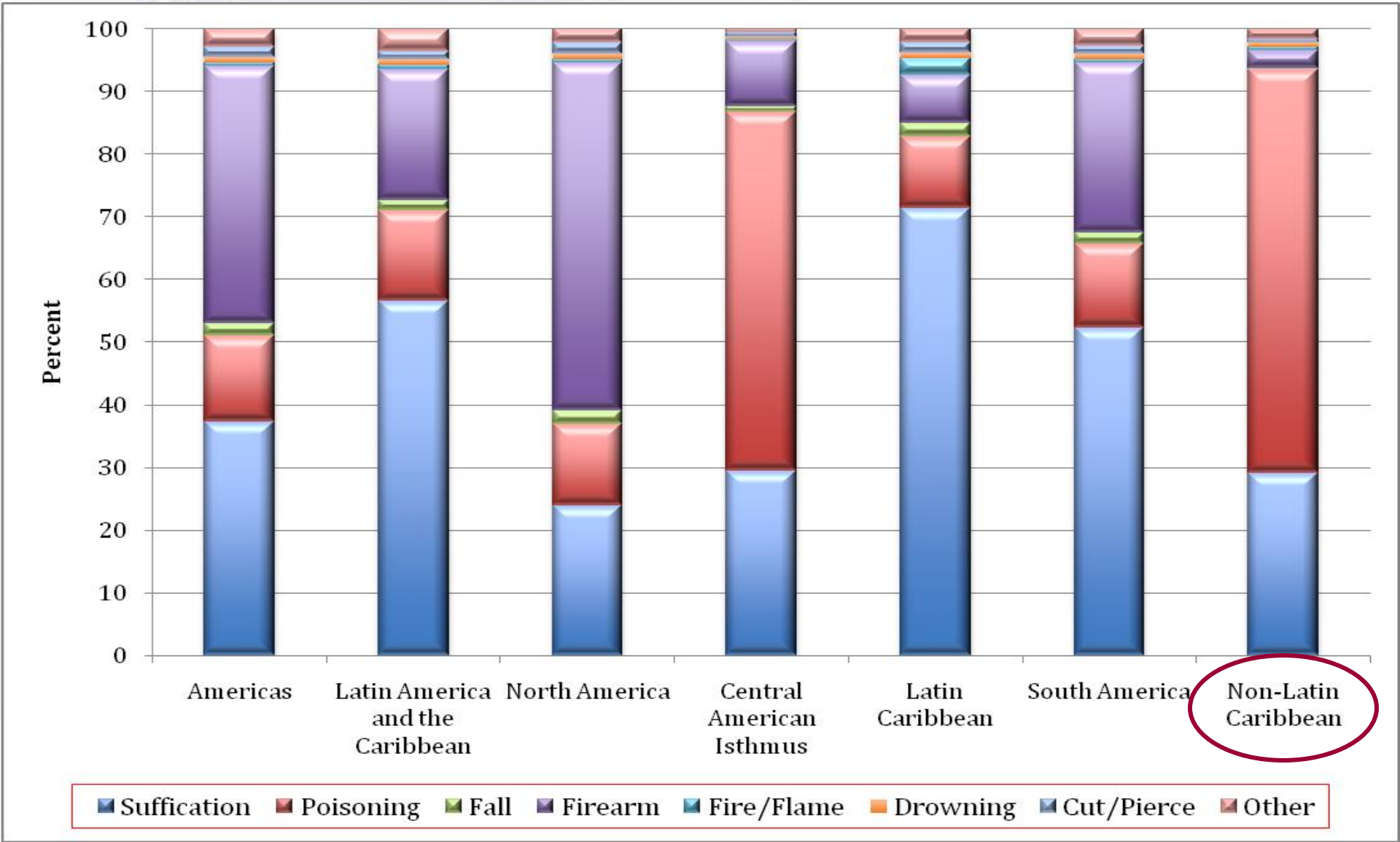
Methods used in suicide, 2000-2004, percent of total for both sexes, age unadjusted



EACH SUICIDE IS A TRAGEDY

- what causes suicide?
- why do so many people end their lives every year?
- What contributes to increase in male suicide?

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NO SINGLE FACTOR IS SUFFICIENT TO EXPLAIN WHY

- Suicide is a complex phenomenon that is influenced by several interacting factors, including psychological, social, biological, cultural and environmental

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Gender – dependent impacts on suicidal behavior

- Psychosocial life stressors
  - Relationship conflicts, economic stressors, gender identity, somatic illness
- Sociodemographic and economic factors
  - Separation male were at high risk of suicide,
  - Retirement lost of interpersonal contact and friendships at the workplace
  - Marriage is considered to be protective against suicide
- Sexual Abuse
  - More sexually abused boys (55 %) reported suicide attempts than girls (29%)
- Psychiatric co morbidity
  - Substance related disorders, (alcohol and illegal substances) personality disorders, ADHD, Schizophrenia, MDD and BPD

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Gender – dependent impact on suicidal behavior

- Suicide methods and reports of suicide
  - Men tend to use more violent and lethal methods
  - Total duration of suicidal process is shorter
- Help seeking behavior of men
  - Complexity in decision making- (need for help is considered as negative)
  - Social networks, issues of isolation,
- Cultural beliefs and societal attitudes
  - The association between suicide , alcohol and drug are more perceived as more “male”

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Questions to Consider

- ✓ What are the cultural and societal challenges to consider?
- ✓ Which risk factors should be prioritized that will decrease the risk of people getting to a point where they are in a serious suicidal crisis?
- ✓ What services need to be created or improved to help people in a suicidal crisis?
- ✓ How best to evaluate the effectiveness of interventions?

Questions to Consider

- ✓ How to improve follow-up when people are seen in a medical or crisis setting for a suicide attempt (up to 10% are at risk to die from a future attempt if there isn't good follow-up)
- ✓ What services do you need to develop to help people bereaved by suicide?
- ✓ What type of data we should be collecting
- ✓ How research helps to develop evidence on effective intervention.

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Final Thoughts

- Suicide in men has been a "silent epidemic"in the region
- Male Suicide has high incidence and makes a substantial contribution to men's mortality,
- It is silent because of a lack of public awareness, and the reluctance of men to seek help for suicide-related concerns.
- The epidemic of male suicide has been silent; but it cannot remain so.
- It's time to break the silence—building public awareness, implementing preventive strategies, and undertaking research will overcome this epidemic.

Ref: Schrijvers, D.L., Bollen, J and Sabbe, BGC. (2012) 'The gender paradox in suicidal behavior and its impact on the suicidal process', *Journal of Affective Disorder*. 138: 19-26

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Most promising areas of interventions

- Engage Key Stakeholders
- Policies to reduce harmful use of alcohol
- Mobilize the health system and provide training
- Restriction of access to means
- Responsible media reporting
- Raising awareness, changing attitudes and beliefs
- Conduct surveillance and improve the data quality
- Conduct research and implement suicide prevention strategy.

Ref: Schrijvers, D.L., Bollen, J and Sabbe, BGC. (2012) 'The gender paradox in suicidal behavior and its impact on the suicidal process', *Journal of Affective Disorder*. 138: 19-26

THANK YOU

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